



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Drug-Free Work Place

The Child Development Cooperative does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended be used in a discriminatory manner. Your complete application will be reviewed carefully, but its receipt does not imply you will be employed.

1. Fill out the application completely, leaving no blanks. Use N/A for not applicable.
2. We *will* verify information. Any false or misleading information will disqualify you.
3. Read and sign the final statement of the application.
4. Attach your resume and/or an extra sheet of paper for additional room needed to answer questions.

Personal Data

Name _____
Last First Middle

Address _____
Street City State Zip

Home Telephone Number () _____ Social Security Number ____ - ____ - _____

Emergency contact name _____ Phone number () _____

Position(s) applying for: _____ Date available for work _____

Were you previously employed by the Co-op? Yes ____ No ____ If yes, date? _____

Are you 18 years of age or older? Yes ____ No ____ Desired Salary: _____

Are you legally eligible for employment in the United States? Yes ____ No ____

Do you have reliable transportation to/from work? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____
If yes, explain _____

Are you related to anyone currently employed by the Co-op? Yes ____ No ____
If yes, who/whom: _____

Employment Record - List below present and past employment, beginning with the most recent.

Dates: Month and Year	Name, Address, & Phone Number of Employer	Job Title and Wages	Supervisor's Name	Reason for Leaving?	May we contact them?
From: To:					
From: To:					
From: To:					
From: To:					

Educational Record - List below present and past education, beginning with most recent

Dates: Month and Year	Name of School, City and State	Major Field of Study	Degree Earned
From : To:			
From : To:			
From : To:			

References - List 3 references (**Do not include family members. EX: Pastor, family friend, teacher**)

Name	Phone Number	Best Time to Contact
	()	
	()	
	()	

Please answer the following questions:

1. Why have you chosen to work with young children?
2. List any professional associations you are a member of:

11. Johnny needs a change of clothes to be kept in his cubby. He periodically has accidents and never has anything to change into. Write a sample note to Johnny's parents explaining what is needed.

12. Billy has fallen down and skinned his knee. Write a sample accident report:

13. Please indicate anything you would like us to know about yourself:

14. Are you CPR/First Aid certified? Yes _____ No _____
If no, would you be willing to obtain certification if the position is offered? Yes ____ No _____

Please read carefully before signing.

I certify that the information provided on this application and on other forms I complete as a part of my employment process is accurate to the best of my knowledge and subject to verification by The Child Development Cooperative. I authorize the schools, persons, previous employers, agencies and other organizations named on employment forms to provide the Co-op (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability that they might otherwise incur as a result. I understand that failure to provide true and accurate information could result in refusal of employment or dismissal from employment without advance notice.

In consideration of employment, I agree to conform to the Co-op's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or The Child Development Cooperative's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the Co-op. I understand that no Co-op representative, other than its owners, and then only when in writing and signed by the owners, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I understand The Child Development Cooperative is a drug-free work place and a successful completion of a pre-employment drug screen is a condition of employment. Also, I understand that I could be subject to annual and/or random drug screening should I be offered employment.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

HIRED: YES ___ NO ___ POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

REVISED 7.09.09